

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JUL 22 1960

60-029198

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 590 Registrar's No. 1978

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Colorado b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) Burlington		c. CITY OR TOWN Denver	
Length of stay in 1b 4 1/2 yrs. 1 mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Vincent's Hospital		d. STREET ADDRESS (If outside, give location) Denver	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First MARY Middle KATHERINE Last TURNE			4. DATE OF DEATH Month June Day 29 Year 1960		
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-5-1865	9. AGE (last birthday) 74	IF UNDER 1 YEAR Months 9 Days 9 Hours 9 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and state or country) Denver, Colorado		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Joseph Albert Turne		13b. MOTHER'S MAIDEN NAME Beatrice Emily Cunne		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Records of St. Vincent's Hospital	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Heart Failure		INTERVAL BETWEEN ONSET AND DEATH Years	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease		Years	
DUE TO (c) Nephrosclerosis		Years	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 12:55 a.m. <input type="checkbox"/> p.m. <input checked="" type="checkbox"/> Month, Day, Year December 1942	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Denver, Colorado		
21. I attended the deceased from December 1942 to June 29, 1960 and last saw her alive on 6/29/60 Death occurred at 12:55 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED 6/29/60	
22a. SIGNATURE (Degree or title) W. B. Lupton M.D.		22b. ADDRESS 7301 St. Charles Rock Rd.	
23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE 6-29-1960	23c. NAME OF CEMETERY OR CREMATORY local	23d. LOCATION (City, town, or county) (State) Denver, Colorado
24. FUNERAL DIRECTOR C. R. Lupton & Sons-7233 Delmar		25. DATE RECD. BY LOCAL REG. 6-29-60	
26. REGISTRAR'S SIGNATURE John C. Murphy M.D.			

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

APR 21 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Clarence H. Murr

Licensed Embalmer No. 4611

P. O. Address

St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.